

Tailored Tobacco Treatment Options

Quick Reference for Tailored Tobacco Treatment

A practice tool to help clinicians decide on tobacco treatment options

Tobacco Treatment Pharmacotherapy Options*

Monotherapy

Long Acting Options



Varenicline



Bupropion

21mg
nicotine

14 mg
nicotine

7 mg
nicotine

Patch (21mg, 14 mg, 7mg)

Short Acting Options



Inhaler



Lozenge (2mg, 4mg)

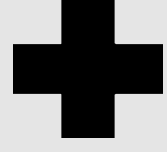
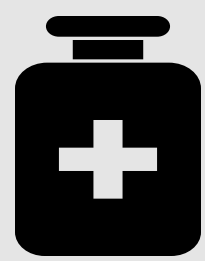


2 mg
nicotine

4 mg
nicotine

Gum (2mg, 4mg)

Combination Therapy** (Long and Short Acting)



21mg
nicotine

14 mg
nicotine

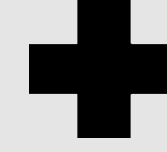
7 mg
nicotine

Bupropion + Patch (21mg, 14mg, 7mg)

21mg
nicotine

14 mg
nicotine

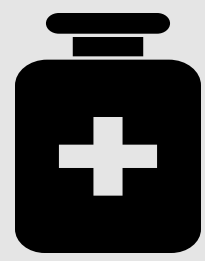
7 mg
nicotine



2 mg
nicotine

4 mg
nicotine

Patch (21mg, 14mg, 7mg) + Lozenge (2mg, 4mg)



2 mg
nicotine

4 mg
nicotine

Bupropion + Lozenge (2mg, 4mg)

21mg
nicotine

14 mg
nicotine

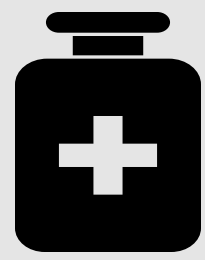
7 mg
nicotine



2 mg
nicotine

4 mg
nicotine

Patch (21mg, 14mg, 7mg) + gum (2mg, 4mg)

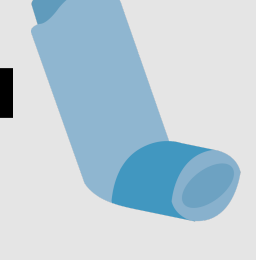


Bupropion + Inhaler

21mg
nicotine

14 mg
nicotine

7 mg
nicotine



Patch (21mg, 14mg, 7mg) + Inhaler

*The selection of patch dose is generally based on the number of cigarettes/day, with 1 mg of patch per cigarette smoked. For example, a 10 cigarette per day smoker would use a 14 mg patch; a pack a day smoker, a 21 mg patch. Gum and lozenge strength (2 mg vs 4 mg) are determined by the time to first cigarette after waking. If the first cigarette is smoked within 30 minutes, the 4 mg is used. If later, the 2 mg. The gum/lozenge dose selection applies to use of lozenge or gum either as a single agent, or in combination with the patch or bupropion.

Bader, P., McDonald, P., & Selby, P. (2009). An algorithm for tailoring pharmacotherapy for smoking cessation: results from a Delphi panel of international experts. *Tobacco control*, 18(1), 34-42.

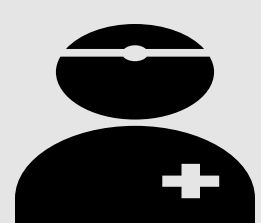
Lindson, N., Chepkin, S. C., Ye, W., Fanshawe, T. R., Bullen, C., & Hartmann-Boyce, J. (2019). Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews*, (4).

Cahill, K., Stevens, S., Perera, R., & Lancaster, T. (2013). Pharmacological interventions for smoking cessation: an overview and network meta-analysis. *Cochrane database of systematic reviews*, (5).

**The first line treatment for snuff/smokeless tobacco users is counseling in combination with an oral exam by a dental professional, with medications added afterward or at the time of the oral exam. Among medications, varenicline and lozenge have been found to be the most efficacious for snuff/smokeless tobacco users.

The American Dental Association: <https://www.ada.org/en/member-center/oral-health-topics/smoking-and-tobacco-cessation> Ebbert, J. O., Elrashidi, M. Y., & Stead, L. F. (2015). Interventions for smokeless tobacco use cessation. *Cochrane Database of Systematic Reviews*, (10).

Appropriate pharmacotherapy with proper counseling should be offered to all tobacco users willing to reduce or stop their tobacco use



Evidence Based Clinician Approach

ASK about tobacco use

"Have you used tobacco in the last 30 days?"

ADVISE to quit

"As a health professional, the best advice I can give you is to stop smoking."

ASSESS readiness to quit

"On a scale of 1-10, how confident and ready are you to quit using tobacco?"

ASSIST to quit

Use practical counseling and offer pharmacotherapy

REFER to program

1-800-LUNG-USA
(Freedom from smoking)
1-800-QUIT-NOW
(QUIT NOW Kentucky)

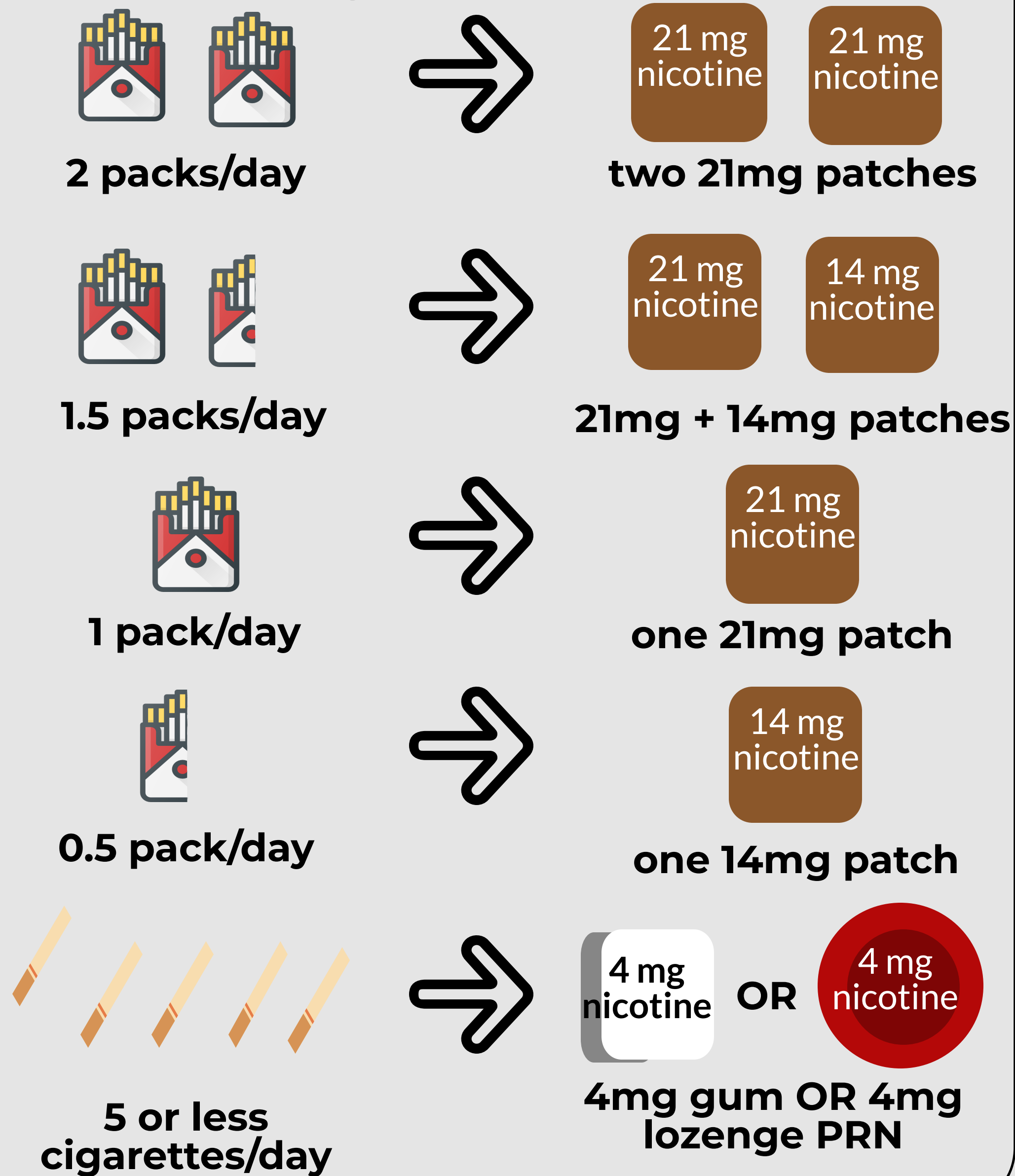
Pharmacotherapy Choices

Quick Reference for Pharmacotherapy to Manage Nicotine Withdrawal

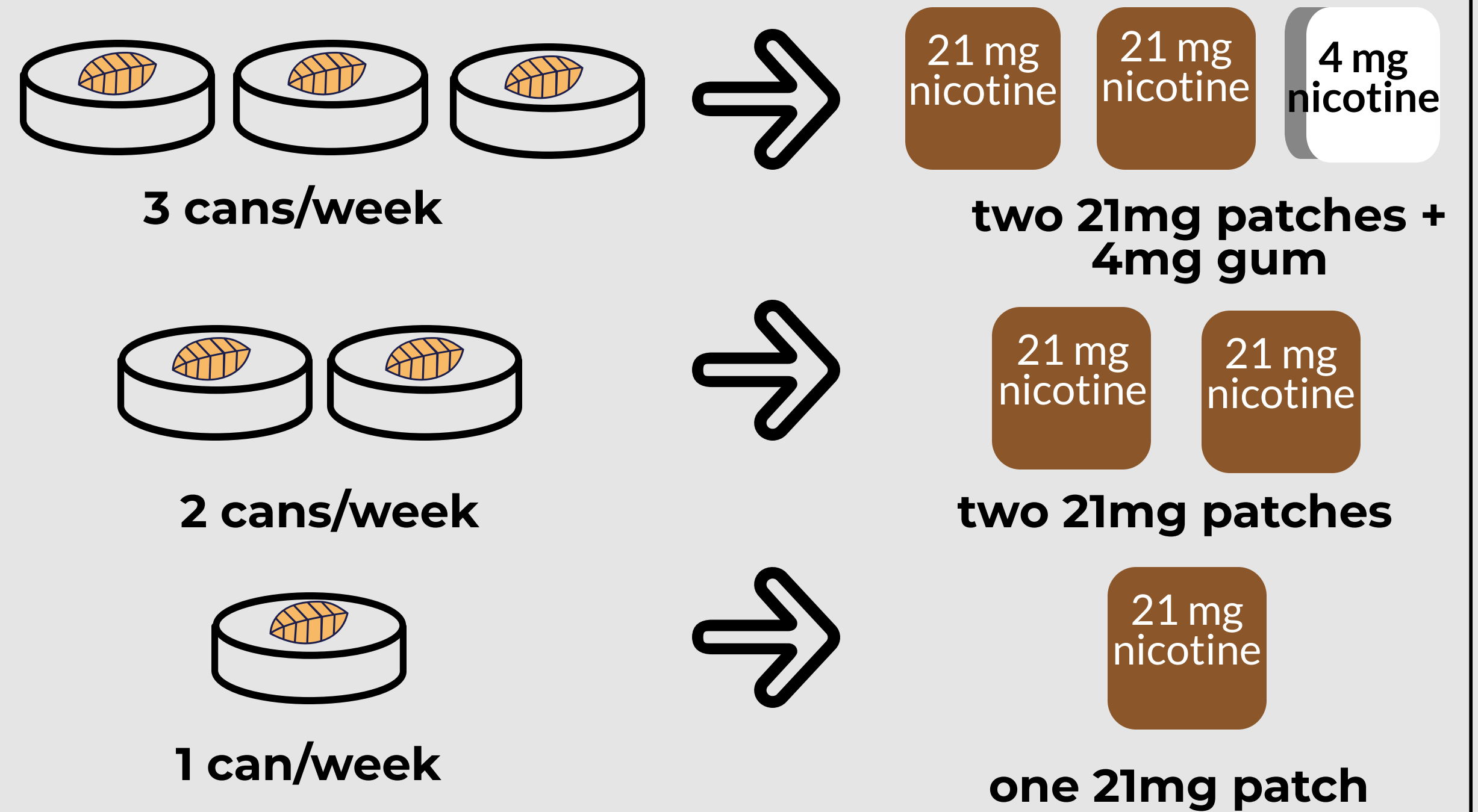
A practice tool to help clinicians decide on nicotine withdrawal management pharmacotherapy

Nicotine Replacement Equivalencies*

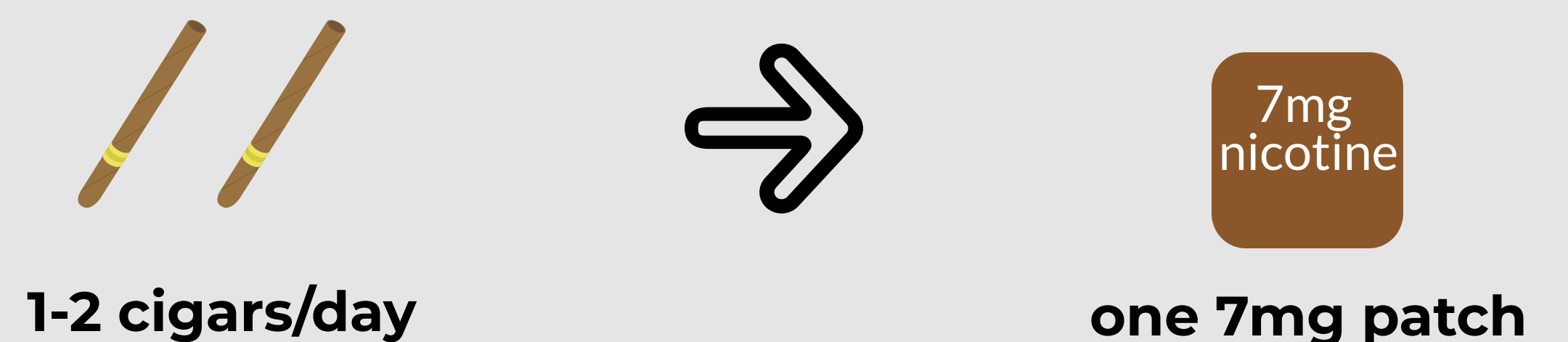
Cigarettes



Snuff



Cigars

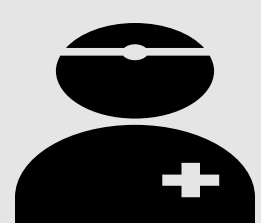


*These nicotine replacement equivalencies are based on research studies and clinical experience to provide adequate replacement of nicotine during tobacco free hospitalizations. As such these equivalencies may be off-label prescribing/use.

Agaku, I. T., & Alpert, H. R. (2016). Trends in annual sales and current use of cigarettes, cigars, roll-your-own tobacco, pipes, and smokeless tobacco among US adults, 2002–2012. *Tobacco Control*, 25(4), 451–457.

Anantharaman, D., Chabrier, A., Gaborieau, V., et al. (2014). Genetic variants in nicotine addiction and alcohol metabolism genes, oral Cancer risk and the propensity to smoke and drink alcohol: A replication study in India. *PLoS One*, 9(2), e88240.

Using adequate pharmacotherapy can help manage withdrawal and optimize success while stopping tobacco use



Evidence Based Clinician Approach

ASK amount of tobacco use

"What kind of tobacco products do you use? How often do you use them?"

ASSESS nicotine withdrawal

"Have you experienced any of the following symptoms in the past 24 hours: (cravings, depressive symptoms, insomnia, anger, anxiety, poor concentration, restlessness, and decreased appetite)?"

PROVIDE nicotine replacement

Offer nicotine replacement based on withdrawal score and tobacco product use.